



## **Report to the Legislature**

# **The Impact of the Creation of the Aging and Disability Services Administration First follow-up report**

Recommended by the Joint Legislative Audit Review Committee

December 2003

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**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND DISABILITY SERVICES ADMINISTRATION**

**REPORT ON THE IMPACT OF THE CREATION OF THE AGING AND DISABILITY  
SERVICES ADMINISTRATION—**

**First follow-up report  
DECEMBER 2003**

**INTRODUCTION**

In a June 19, 2003 performance audit, the Joint Legislative Audit and Review Committee recommended that “Detailed reports on the impacts of the recent reorganization of DSHS – bringing DDD into the new Aging and Disability Services Administration –should be submitted to the Legislature. The reports should address how this reorganization will impact the provision of services to the developmentally disabled, renewal of federal “waivers,” as well as detail new organization reporting structures, including field operations. The reports should also outline the major performance and outcome measures that DDD will be held accountable for by DSHS management and the Office of the Governor.”

The JLARC recommended an initial report in August 2003 and follow-up reports in December 2003 and June 2004. This is the first follow-up report.

The goals of the reorganization established by the DSHS Secretary were to:

- Ensure the cultural strengths of both organizations are preserved in the new administration
- Strengthen processes that will improve credibility and accountability
- Increase efficiencies
- Assure consistency statewide in the implementation of policy

The report’s first section discusses how the reorganization is reflected in new organizational structures. Much of this information was included in the September 2003 report so this follow-up report provides more detail about the process of identifying necessary organizational changes.

The report’s second and third sections discuss how the reorganization will impact the provision of services to persons with developmental disabilities and the pending renewal of federal waivers, respectively.

The report’s fourth section discusses how the reorganization is reflected in the performance and outcome measures for which the Division of Developmental Disabilities will be held responsible.

At the request of the JLARC, the ADSA transition plan is included as Attachment 1 to this document.

**Section 1. HOW THE REORGANIZATION IS REFLECTED IN NEW ORGANIZATIONAL REPORTING STRUCTURES, INCLUDING FIELD OPERATIONS**

The Department’s September 2003 report described functional areas that were changed by the reorganization and included revised organization charts. These changes were the result of the work of a

series of Subject Matter Expert (SME) Teams made up of knowledgeable staff throughout the administration. Through periodic reports to a Steering Committee made up of ADSA Executive Management, the SMEs made recommendations regarding organizational changes necessary to accomplish the goals of the reorganization. Although not compiled in a formal report, the work of the SMEs is the “transition study” referenced in our September 2003 report. Recommendations from the SMEs that were adopted by the Steering Committee form the basis for the ADSA Transition Plan, approved by the Secretary in June 2003. A copy of the Transition Plan is attached as Appendix A. The following is a summary of the SME recommendations and a discussion of SME recommendations that have not been adopted by the Steering Committee.

## RECOMMENDATIONS MADE BY MOST SMES

There were two recommendations that were almost universal among the SMEs. First, SMEs recommended that management focus on ensuring strong communications with all staff and with stakeholders of the administration. Management established a Communications SME whose recommendations are discussed later in this document.

The second common recommendation was for the headquarters functions of the administration to be located in one building if possible. It has long been a priority of the Aging and Adult Services Administration to co-locate its field offices with business partners such as the Area Agencies on Aging. Working in the same building allows complex day-to-day communication between staff to happen naturally. When staff are not located together and are forced to use e-mail or telephone communications, there is a tendency for delayed response and increased program insulation. Not bringing the new organization physically together poses risks to the success of the reorganization.

While there is general agreement that co-location would greatly enhance the ability of the administration to ensure consistency in its efforts, making it happen poses an enormous challenge. DSHS Facilities Management staff are working to identify options for co-location of all ADSA headquarters staff. However, existing lease obligations, lack of availability of vacant space, and budget constraints make co-location very difficult.

Approximately 12 staff who report to the Management Services Division (MSD) along with 66 staff from the Division of Developmental Disabilities are housed in downtown Olympia while 236 staff from what was the Aging and Adult Services Administration headquarters are housed ten miles away in Lacey.<sup>1</sup> Staff responsible for DD contracting, accounting and budget, rates and decision support functions have either been relocated to Lacey or are in the process of re-location. These staff have the benefit of better communication with peers in their functional areas but lack important daily face-to-face contact with DDD program staff who remain in Olympia. Some of DD’s Information Technology (IT) staff maintain offices in both Lacey and Olympia in order to support the DDD staff in Olympia while maintaining communication with Lacey management and peers. They have face-to-face contact with functional peers and program staff but also experience wasted time moving back and forth between offices.

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<sup>1</sup> The staff numbers indicated are “workstation” estimates. They do not match exactly to the number of individuals or FTEs housed in either the Lacey or Olympia buildings. For example, an individual who works part-time would be counted as one “workstation” but is counted as less than one FTE.

## RECOMMENDATIONS OF THE LICENSING/CERTIFICATION SME

The licensing and certification SME made the following recommendations:

1. *Residential Care Services Division (RCS) be responsible for initial certification, provider performance standards, provider monitoring, management of the consequences of provider non-compliance in the DDD residential programs.*
2. *The ADSA Steering Committee approved this recommendation except that due to limited staff resources, RCS will not be expected to do provider monitoring at this time.<sup>2</sup> RCS will take over certification of DDD residential programs on February 1, 2004.*
3. *RCS should work with DDD on a Request for Qualifications for Community Service Evaluators.*

This recommendation was approved by the Steering Committee. RCS participated in the RFQ issuance during the summer of 2003 and new contracts were issued for Community Services Evaluators.

1. *A Quality Assurance function or position be established in ADSA to coordinate all quality assurance systems.*

This recommendation was not approved by the Steering Committee. This recommendation would have required an additional staff person be added to the administration. Rather than approving the recommendation, the Steering Committee decided to give responsibility for coordination of quality assurance activities to the administration's Office Chiefs. It was recognized that making several people responsible could result in no one being responsible. However, the Steering Committee had to balance this with the need to comply with budget restrictions.

The Office Chiefs will be expected to report to the ADSA management team regularly on quality assurance issues. In addition to coordinating provider quality assurance activities, the Steering Committee decided to convene a Quality Assurance Consortium to work on staff quality assurance. The consortium consists of representatives of each division. The consortium will be responsible for developing and implementing quality assurance procedures for the organization.

## RECOMMENDATIONS OF THE MEDICALLY INTENSIVE/PRIVATE DUTY NURSING SME

The SME discussing the DDD Medically Intensive Program and Private Duty Nursing Program made the following recommendations to the Steering Committee. All of these recommendations were approved by the Steering Committee:

1. *Joint assessments be done on clients transitioning between DDD and HCS (Home and Community Services Division) to ensure that authorizations conform to guidelines. Assessments would be done with CARE system.*

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<sup>2</sup> The SME hoped that a program similar to the Quality Assurance Nurse (QAN) program currently operated by RCS for nursing homes could be expanded to DDD residential settings. QANs provide frequent monitoring of nursing homes and provide technical assistance on compliance with quality of care requirements. The QAN program in nursing homes receives federal funding not available at this time for home and community services, including DDD residential services.

2. *DDD case managers be allowed to authorize Private Duty Nursing services for clients who are older than 17.*
3. *An internal staffing be done for cases targeted for transition between DDD and HCS within the next 6 months.*
4. *A “cheat sheet” be prepared to help everyone understand DDD rules, policies, and procedures*
5. *DDD eligibility WAC be re-written with HCS input.*

#### RECOMMENDATIONS OF THE PROGRAM/POLICY MANAGEMENT SME

*This SME recommended the combination of the management of the Medicaid Personal Care (MPC) program, the nurse delegation program, and case management assessment and service planning.*

The steering committee decided to assign management of MPC and nurse delegation to HCS, and combine management of assessment and service planning through the implementation of the CARE assessment tool.

The SME discussed the appropriate organizational structure to manage waivers but did not come to a consensus on this issue. The Steering Committee decided to leave DDD waiver management under DDD but include strong HCS oversight. Management also asked a consulting firm to work with DDD to build into the work plan for the DDD waiver renewals a rigorous process for managing the waivers.

#### RECOMMENDATIONS OF THE RATES MANAGEMENT SME

*The Rates SME recommended centralization of the DDD, nursing home, and home and community services payment rate functions within the Office of Rates Management.*

This recommendation was approved by the Steering Committee and has been implemented. DDD Rates Management staff are in the process of co-locating with the remainder of the Rates Management Office in Lacey.

#### RECOMMENDATIONS OF THE INFORMATION TECHNOLOGY SME

The IT SME made business process and organizational recommendations including:

1. *Centralization of DDD/AASA headquarters IT staff.*

This recommendation was approved by the Steering Committee. The Office of Technology will be accountable for system maintenance and development for all of headquarters.

2. *Centralization of IT staff who are located in the DDD regions (IT staff who work in the former-AASA regional offices already report to headquarters IT management). Also recommended was headquarters coordination of the IT staff in RHCs.*

The Steering Committee decided that approval of this recommendation would be premature, pending the outcome of the DSHS-wide Regional Business Service work.

3. *IT activities should be represented at the executive level.*

Some of the SME members felt that IT needed the visibility of residing in its own division, separate from Management Services. This step was not approved by the Steering Committee since management felt strongly that the reorganization should not result in creation of more than four divisions within ADSA. However, the Steering Committee did approve the upgrade of the IT Office Chief to the Assistant Director of Management Services to reflect the additional duties that this position took on with the incorporation of DDD IT functions. The MSD Deputy Director now formally sits on the management team.

4. *IT should have its own budget allocation.*

This recommendation was not approved by the Steering Committee. While each office is expected to manage within an established FTE allocation, none of the administrative offices within ADSA have their own budget allocation. This provides more flexibility for management to make decisions that will allocate resources for the benefit of the whole organization.

5. *Create a Project Management Office within the IT Office.*

This recommendation was made by the SME with the goal of broadening the IT office to have clear responsibility for business processes other than purely technical processes. The Steering Committee decided to create a Project Office within the IT Office and give it responsibility for training, mentoring, and information sharing for both IT staff and staff in other divisions regarding project management techniques.

6. *Give the IT Office formal responsibility for Decision Support activities.*

This recommendation was also made by the SME with the goal of broadening the IT office to have clear responsibility for business processes other than purely technical processes. The Steering Committee agreed that there was a need for a formal Decision Support Office rather than continuing to have divisions do data analysis and reporting independently. However, the Steering Committee was concerned that the important business functions that would be the responsibility of Decision Support would be overshadowed by the IT business functions if Decision Support was located within the Office of Information Technology. A separate Office of Decision Support was created within the Management Services Division.

## RECOMMENDATIONS OF THE DECISION SUPPORT SME

*This SME recommended that data analysis and reporting responsibilities be formally assigned to a central office rather than having divisions do this work independently.*

The SME recommended that the office have broader responsibilities and more staff than the Steering Committee ultimately approved, and that the office report directly to the Assistant Secretary. Again, the Steering Committee was concerned that the reorganization not result in ADSA exceeding budget or FTE allocations. The Steering Committee did approve the creation of the Office of Decision Support within the Management Services Division. The Decision Support Office Chief position was created through a

vacancy in the DDD Fiscal Office Chief position. The Steering Committee also clearly indicated its desire that the Management Services Division Director develop a strategy to ensure program participation in the data collection, analysis and reporting that would be the responsibility of the Office of Decision Support. Additionally, it was decided that each division would retain responsibility for qualitative research functions.

#### RECOMMENDATIONS OF THE FISCAL SME

*The Fiscal SME recommended that accounting and budgeting responsibilities be combined under the Support Services Office Chief.*

This recommendation was approved by the Steering Committee and was one of the first organizational changes made. Fiscal staff are co-located in the Lacey building.

#### RECOMMENDATIONS OF THE CONTRACTS SME

*The Contract SME recommended that the contracting responsibilities be combined under the Support Services Chief.*

This recommendation was approved by the Steering Committee and has taken place. Duties of the contracting staff were quite similar in the two organizations. However, both the Licensing and Certification SME and the Contracting SME recommended that some duties previously done by DDD contracting staff such as monitoring nurse delegation contracts become the responsibility of RCS in January 2004.

#### RECOMMENDATIONS OF THE COMMUNICATIONS SME

*The Communications SME recommended that a group be convened in the short-term to develop standard communication tools for use by management. These communication tools would be used to convey information about reorganization activities and accomplishments.*

This recommendation was approved by the Steering Committee.

*The SME further recommended that a new Communication Office be created, reporting directly to the Assistant Secretary. This Communications Office would take FTEs from each administration.*

The Steering Committee did not approve this recommendation. Instead, they agreed that each division would assign staff to work on an ongoing, part-time basis on improving communications within the administration. One staff person reports directly to the Assistant Secretary and convenes an administration-wide communications workgroup.

## **Section 2. HOW THE REORGANIZATION WILL IMPACT THE PROVISION OF SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES IN WASHINGTON**

As discussed in our September 2003 report, it was not the intention of the reorganization to disrupt local systems that are already accomplishing service delivery. However, the goals of the reorganization include strengthening processes that will improve credibility and accountability, increase efficiencies, and assure consistent statewide implementation of policy. We believe the organizational structure put in place to accomplish these goals will have positive impacts on provision of services to people with developmental disabilities in Washington.

Creation of the Office of Decision Support will ensure accuracy of financial and caseload data analysis and reporting, making data more useful to decision makers.

Several functional areas have been combined with the expectation that more efficient and effective operations will result. The combination of functions such as rates management, provider certification, information technology, and policy coordination will bring to DD programs the resources of staff who have successfully managed these functions for long-term care programs. We expect the result to include:

- standardized payment rates that are more closely aligned to the needs of the client;
- quality assurance reviews that better protect client health and safety;
- a more efficient computerized case management system to help determine client needs; and;
- policy that is consistent with legislative direction and consistently implemented statewide.

Additionally, the reorganization brings new management focus on ways to better manage scarce resources including implementing a reliable process for determining service priorities; implementing cost containment processes; improving the assessment instrument; and implementing quality assurance protocols.

## **Section 3. HOW THE REORGANIZATION WILL IMPACT THE PENDING RENEWAL OF FEDERAL WAIVERS.**

As discussed in the September 2003 report, the reorganization has allowed DDD easier access to the expertise of the Home and Community Services Office Chief who has significant experience in working with the federal government on 1915 (c) waivers. Additionally, the primary staff person in DDD assigned to work on the waiver requests has significant experience working on mental health waivers. These ADSA staff have worked very closely with CMS and with other states who have developed similar home and community based waivers.

The JLARC's October 29, 2003 memo asked specifically about whether staff from other parts of DSHS have been involved in the DDD waiver submittal. ADSA staff have coordinated with staff from MAA and Mental Health who have experience negotiating federal waivers with CMS. However, staff from those programs have not been heavily involved in the creation or negotiation of the DDD waiver. Federal waivers for acute and long-term care services are quite different and are even approved by different units within the federal Centers for Medicare and Medicaid Services (CMS). One of the benefits of the creation of ADSA is that DDD is now a part of the organization containing Washington State's experts in long-term care home and community based waivers. The reorganization allows DDD to receive technical



assistance and guidance from those experts. Additionally, submittal of a waiver request and implementation of an approved waiver are very staff intensive processes. The reorganization allows ADSA to bring some more resources and expertise to the processes.

The federal Centers for Medicare and Medicaid Services approved the four waiver requests for services for persons with developmental disabilities in December 2003. Effective in late March 2004, the old “CAP” waiver will expire and the department will begin offering services under the four new waivers. The four waivers are:

**Basic Waiver:** The individuals on this waiver live with family or in their own homes. They meet ICF/MR level of care guidelines but have a strong natural support system. The family/caregiver’s ability to continue caring for the client is at risk but can be continued with the addition of services.

**Basic Plus Waiver:** The individuals on this waiver live with family or in another setting with assistance. They meet ICF/MR guidelines and are at high risk of out of home placement or loss of current living situation.

**Core Waiver:** The individuals on this waiver require residential habilitation services or live at home but are at immediate risk of out of home placement.

**Community Protection Waiver:** Individuals on this waiver meet the criteria for ICF/MR level of care and

- Live or are moving into the community; and
- Require 24-hour, on-site, staff supervision to ensure the safety of others; and
- Require therapies and/or other habilitation services; and
- Are found by DDD to meet the criteria for “community protection”.

#### **Section 4. HOW THE REORGANIZATION EFFORTS ARE REFLECTED IN THE MAJOR PERFORMANCE AND OUTCOME MEASURES THAT THIS DIVISION WILL BE HELD ACCOUNTABLE FOR BY DSHS MANAGEMENT AND THE OFFICE OF THE GOVERNOR.**

Our September 2003 report highlighted the performance measures for which DD will be held accountable in FY 04. This report discusses how the reorganization impacts the performance measures and provides an update on the status of the measures. Some of these measures are only slightly impacted by the reorganization while others are the direct result of the reorganization.

**Develop & plan to implement a reliable process for determining priorities for assignment of resources based on client needs that will ensure clients & families with similar needs have equitable access to resources & services.**

How did the reorganization impact this measure? The creation of ADSA ensures a new management focus on providing similar services for clients with similar needs. To accomplish this the organization will use client characteristic and expenditure data provided by the new Office of Decision Support. Most importantly, adapting the CARE assessment tool for use with individuals with developmental disabilities and management’s focus on using the CARE tool to assess client needs will make decisions about

resource use more consistent across the state. Implementation of the four proposed DDD waivers is also expected to help standardize resource allocation.

Status report: As part of the response to the JLARC Audit Recommendation 1, ADSA has developed a strategy for developing a consistent and more thorough assessment for DDD clients. This involves developing a screening/mini-assessment to determine which clients should receive a full assessment, which should be placed on a prioritized waiting list, or which should have their cases marked as inactive. The strategy includes developing a comprehensive assessment that will provide a consistent methodology for determining eligibility and client need and then authorizing services for those needs.

DDD will start using an interim, semi-automated assessment tool for Children's Medicaid Personal Care (MPC) in May 2004. The current CARE assessment application will be used, but since it is designed for adults, additional HELP screen information will be added. In addition, a Users Manual will be developed to assist case managers to assess children based on age-appropriate guidelines, similar to the way that the current Comprehensive Assessment (CA) is applied. Other than the modified help screens, the adult CARE application will be unaffected for the May 2004 deployment.

The new assessment tool will be used as an interim step to a fully automated MPC application that is developed exclusively for children. The new children's assessment will be available in March 2005. The interim step is needed in order to comply with the new Washington Administrative Code (WAC) requirements for State Plan MPC services.

Case managers that work with children will be involved in the development of the modified HELP screens and the Users Manual for the interim assessment tool. Testing for this effort will be conducted in the first quarter of 2004. Policy development has begun and will be ongoing through the first quarter. Statewide training is to start in April 2004 and will involve caseworkers of DDD that have a children's MPC caseload.

More information on the development of the CARE tool for use with children and adults with developmental disabilities is available in separate October and December 2003 reports to the Legislature.

### **Implement cost containment initiative within DDD –**

How did the reorganization impact this measure? The reorganization brought a new management focus on making consistent resource allocation decisions based on need and prioritizing services necessary for client health and safety. The cost containment initiative is heavily reliant on data from the newly created Office of Decision Support to identify program areas where resources may be increased or re-deployed to support priority services. Additionally, the reorganization brought a focus on identifying missing, incomplete, or inconsistent policies for DDD programs through the work of the DDD Compliance and Monitoring Unit.

Status report: The cost containment project has identified projects to be investigated during the 03-05 biennium. Projects range from the very technical to broad management activities. Some of the identified projects will result in no quantifiable savings, some may result in large savings. But all are areas that have been identified as having potential for improving credibility and accountability in DD programs and/or making expenditures more efficient in the programs.

Several of the projects require the DDD field staff to review individual cases for appropriateness of expenditures. The field staff and DDD management have agreed on a schedule for working on these projects during FY 04. During the October – December 2003 quarter the field staff is working on examining cases where clients are receiving more than one day program, reviewing cases where clients are receiving services funded with general fund-state dollars, and ensuring that the basic rate for residential services is coded correctly to maximize federal revenue.

Projects already completed that have achieved savings or improved efficiency of expenditures include 1) the review of all children as they reach 5 ½ years of age to ensure continued eligibility for services. and 2) applying lump sum Social Security payments that “disabled adult children” in RHCs receive towards the cost of the clients’ care. The Office of Decision Support is calculating savings associated with these projects.

### **Develop and implement Office of Decision Support to improve ADSA research, forecasting, and data analysis –**

How did the reorganization impact this measure? One of the recommendations from the Subject Matter Expert teams was to make one organizational unit responsible for providing consistent, reliable data for use by decision makers. The Office of Decision Support combined staff from DDD and those previously assigned to the Aging and Adult Services Administration who have in depth knowledge of programs and data analysis and reporting.

ADSA was able to create the Office of Decision Support without adding FTEs by using an FTE freed up in the centralization of the fiscal offices that previously supported DDD and Aging and Adult Services Administration. An office chief position abolished in the combination of these offices was used for the new Office Chief position in Decision Support.

Status report: A new Office of Decision Support was created in September 2003 to take responsibility for data analysis and reporting. The office contains seven full-time staff with experience in data analysis and reporting as well as a great deal of knowledge about DDD and long-term care programs. Through a broad recruitment effort, an office chief for the new office was appointed in November 2003. The office chief has extensive background in data development, analysis and reporting for DSHS programs.

During the fall 2003, the Office of Decision Support focused on identifying and developing management reports necessary to provide reliable data for DDD programs. Most notably, the office formally took responsibility for producing the Executive Management Information System (EMIS) report used to compare caseloads and expenditures to allotments. Beginning with the January 2004 report, the EMIS will include “unduplicated” caseloads; information on expenditures in programs such as SSP which had previously not been reported; and reports of payments in day and employment programs rather than authorization amounts. The Office of Decision Support has also put in place a more automated process that minimizes the hand calculations necessary to produce the EMIS report and ensure that underlying service codes are kept current.

Additional work in the Office of Decision Support included producing data necessary to support the DDD cost containment project (discussed on page 4).

### **-Implement “multiple Medicaid Waiver” program within DDD**

How did the reorganization impact this measure? The impacts of the reorganization on the DDD Medicaid Waiver requests are discussed on page 3.

Status report: Status of the waiver negotiations are discussed on page 3.

### **-Develop and implement a study of the rate structure in certified DD residential programs –**

How did the reorganization impact this measure? The reorganization centralized rate management activities in DDD and long-term care programs. Rates Management staff have experience with the successful development of the payment system in AFH and ARC settings. They were an integral part of the development of the CARE assessment tool for long-term care clients. In addition to experience, the centralization will help provide resources to work on a DDD residential rates study and the adaptation of the CARE assessment tool for adults and children with DD.

Status report: The Rates Management Office is holding a series of meeting with stakeholders to present an overview of the goal of developing a standardized and equitable payment methodology for DD group homes and supported living settings. Attendees are also being asked how they would like to participate in the process. At this point, we envision an agency internal workgroup, including a mixture of headquarters and field staff; and a stakeholder steering committee including state staff, provider representatives, county representatives, and advocates. The steering committee is expected to begin meeting in January 2004.

The steering committee will initially focus on development of a rate study plan by June 30, 2004. The rate study goal of defining the necessary elements and corresponding algorithm components to be incorporated in the CARE tool has a planned March 2005 deliverable date. The study will initially focus on the factors driving the administrative and non-direct staff portions of the rate. We also recognize that the administrative and non-staff components of the rate are closely related to the direct staffing requirements, therefore an additional goal during this initial time period is to determine the direct care cost drivers that are not adequately recognized in the current CARE tool. This activity will take on added importance when a draft Adult DD CARE tool is tested in 2006.

### **-Modify CARE needs assessment instrument to identify and incorporate specialized requirements for children & adults with DD-**

How did the reorganization impact this measure? The reorganization brought new management focus and support for developing the successful CARE assessment tool for use for children and adults with DD. It also provided the resources of IT, program, and rates management staff who successfully implemented CARE for long-term care assessments.

Status report: The status of development of the CARE assessment tool is summarized on page four of this report. Additional information is available in separate October and December 2003 reports to the Legislature.

### **-Implement QA protocols that improve compliance with rules, regulations and policies that govern designated DD field activities –**

How did the reorganization impact this measure? Work to ensure compliance with DDD rules, regulations, and policies was already underway at the time of the reorganization. A Compliance and Monitoring unit was established with a staff person assigned to work with each of the six DDD regions. After the reorganization, the unit worked with a consulting firm to develop a comprehensive inventory of existing and needed rules, policies, and procedures for DDD programs. Additionally, as a result of a recommendation by one of the SMEs, a Quality Assurance Consortium has been assigned to develop and implement quality assurance procedures for the organization.

Status report: The Compliance and Monitoring Unit is working on an eligibility review system, policies and procedures that will ensure compliance with 5 1/2-year old reviews; assisting with identifying and correcting payments and client data; and completing case file reviews with case resource managers.

**-Implement DD determination review process at age 5 ½ for all DD clients receiving paid service –**

How did the reorganization impact this measure? The reorganization provided new management support for ensuring that eligibility reviews are conducted on time. The number of clients over age 6 awaiting review is reported monthly to the Assistant Secretary. In addition, the Division Director requires regions to report in depth on this activity each quarter.

Status report: New policies and procedures for field staff have been established regarding eligibility reviews. The goal of the policies is to ensure that no ineligible clients over age 6 is receiving a paid services but the division's practice is to review all clients who will be turning 6. Each region, with the assistance from headquarters staff, has developed protocols to ensure that they will comply with the policies.

The new review process has been in place throughout FY 03. The Compliance Monitoring Unit is performing scheduled file reviews to ensure compliance with policy. The number of clients over age 6 needing a review continues to decline monthly.

**-Maintain 100% ICF/MR certification at the 5 RHCs -**

How did the reorganization impact this measure? This performance measure has always been a priority for DDD. Accomplishment of 100% certification may be more difficult with the turbulent environment attendant to the closure of Fircrest units and subsequent relocation of clients. However, it is expected that the close management attention to this project will help maintain continued certification of all the RHCS.

Status report: Each RHC is currently certified. Fircrest is working to correct a Conditional Level citation and there is currently a denial of payment for new admissions imposed on the facility. The facility has until June 2004 to make corrections and maintain certification.

**-Downsize Fircrest –**

How did the reorganization impact this measure? This project is not directly related to reorganization. The Project Director is external to ADSA but reports to the ADSA Assistant Secretary. A manager from DDD has been appointed to oversee DDD's responsibility for the consolidation and downsizing.

Additionally, DDD will hire three temporary case resource managers to assess all the ICF/MR clients at Fircrest who are less than 65 years old. A manager from HCS has been appointed to oversee HCS' responsibility for assessing all of the clients living in the Fircrest nursing facility and all others over the age of 65 in the RHCs and State Operated Living Alternatives (SOLAs) during this biennium

Status report: As mentioned above, the project team has been appointed. Additionally, the methodology and approach to development of the downsizing/closure plan has been determined. And, a series of work teams have started the process analysis, documentation, and development that will lead to the plan. The work teams will focus on the major processes that will be used to close cottages and potentially lead to closing of Fircrest School including: 1) client identification, 2) resource development, 3) capital and facilities, 4) client transition, 5) quality assurance, 6) employee transition, and 7) retention of professional services.

The department will present a preliminary transition plan to the Legislature in January 2004.

## APPENDIX 1 AGING AND DISABILITY SERVICES ADMINISTRATION TRANSITION PLAN

This appendix contains the June 2003 Transition Plan for the reorganization of the Department of Social and Health Services' Aging and Adult Services Administration and Division of Developmental Disabilities into the Aging and Disability Services Administration (ADSA). The Transition Plan is the result of recommendations made by several Subject Matter Expert Teams (SMEs) convened by the Assistant Secretary of Aging and Disability Services. The SMEs were tasked by the Assistant Secretary to identify business processes that would be impacted by the reorganization and make recommendations regarding necessary organizational and operational improvements to those business processes.

Team members were assigned to the various SMEs because of their knowledge about the work involved in the various business processes. Each team member represented his or her own division in making recommendations for consideration by a steering committee made up of the ADSA Assistant Secretary, Division Directors, and Deputy Division Directors. The SME was also responsible for doing a risk analysis surrounding the business process change recommendations and for developing mitigation strategies for areas of risk.



Washington State  
Department of Social and Health Services

Aging & Disability Services Administration

***Transition Plan***

***Designing the New Administration***

**Kathy Leitch**  
Assistant Secretary

**June 2003**



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# Aging and Disability Services Administration Transition Plan

## ADSA...“The Case for Change”

### **A Message from Secretary Braddock:**

Intense and often critical scrutiny of the DSHS Division of Developmental Disabilities (DDD) over the past years brought increased pressure on the agency to improve its financial and caseload accounting, and other management processes within the division.

The Legislature and federal agencies provide millions of dollars in essential funding to DDD and this funding must be safeguarded so DDD can provide and improve upon the high standard of service and commitment to its vulnerable clients. By improving the division’s credibility with these stakeholders the critical funding mechanisms can be maintained and improved, and debilitating interactions with legislative entities minimized.

I made a decision to merge DDD with the Aging and Adult Services Administration. This was done to assist DDD in strengthening its credibility and stature in the eyes of its stakeholders, the Legislature and Governor’s Office to help it effectively, efficiently and equitably deliver services to its clients. This new administration is now the Aging and Disability Services Administration (ADSA).

I stated four major goals for the transition:

- Ensure the cultural strengths of both organizations are preserved in the new administration
- Strengthen processes that will improve credibility and accountability
- Increase efficiencies
- Assure consistency statewide in the implementation of policy

In addition to this change, budget shortfalls in Washington State mean that DSHS will have to change how it delivers service or limit what services are offered to the state’s most vulnerable citizens. By becoming even more efficient and effective in its service delivery, DSHS can meet client needs within very real budget constraints. Currently there is a DSHS-wide Regional Business Services Project (RBS) review of business process efficiency that could ultimately result in organizational changes to ADSA as well as other administrations and there are sure to be other changes ahead as the budget crisis continues.

I believe the change in organizations structure has already served to improve credibility with the Legislature and the Governor’s Office. Now we must work to deliver on the other goals of the transition.

### Current Division Mission Statements

The important work of defining a vision for ADSA will be part of comprehensive Strategic Planning activities after the transition planning deadline of June 30, 2003. This will allow time for staff to become acquainted with each division’s responsibilities and activities that will ultimately help articulate a better and more accurate ADSA Strategic Plan.

It is clear all ADSA divisions strive to ensure that eligible clients receive appropriate services to meet their needs and that clients are safe, and caregivers receive needed training and support. In addition, the administration has the responsibility to wisely use and account for the public funds it administers.

The following are the current mission statements for each of the ADSA divisions. These mission statements may be revised as part of the Strategic Planning activities but are included here for reference.

# Aging and Disability Services Administration

## Transition Plan

### Home and Community Services Division

“The mission of the Home and Community Services Division is to promote, plan, develop and provide long-term care services responsive to the needs of persons with disabilities and the elderly with priority attention to low-income individuals and families. We help people with disabilities and their families obtain appropriate quality services to maximize independence, dignity, and quality of life.

We work with aging and disabled advocates, including the State Council on Aging and Area Agencies on Aging, to ensure a client-focused service delivery system.”

### Division of Developmental Disabilities

“We endeavor to make a positive difference in the lives of people eligible for services through quality supports and services that are:

- Individual and family-driven;
- Stable and flexible;
- Satisfying to the person and family;
- Able to meet individual needs.”

### Residential Care Services Division

“To promote and protect the rights, security and well-being of individuals living in licensed or certified residential care facilities. Our objectives include:

- Advocacy partnerships with vulnerable individuals, their representatives, family members, providers, and others working for their benefit;
- Fair, consistent, and efficient regulatory system that promotes positive outcomes;
- A division culture that values learning, respect, improvement, teamwork, and adaptability;
- Individual and organization efforts to build a working environment that attracts and retains a highly skilled workforce.”

### Management Services Division

“The mission of Management Services Division is to provide administrative and support services in such a way as to:

- Provide for agency accountability and credibility;
- Support decision and policy making with accurate and timely information;
- Administer fair and equitable payment systems to support the provision of cost-effective care;
- Provide high quality, reliable, and responsive IT support services to enable ADSA to accomplish its mission;
- Provide infrastructure and tools necessary for ADSA to accomplish its mission.

These are to be accomplished through employee commitment to the values of service to other ADSA divisions and accountability to the Secretary, the Governor and the public we ultimately serve.”

# *Aging and Disability Services Administration*

## **Transition Plan**

### **Transition Planning Process**

The transition planning activities were facilitated and monitored by an independent consultant who worked with the Assistant Secretary, Division Directors and “Subject Matter Experts” (SME) from each division to analyze business processes and to develop a work plan for transitioning those business processes into the new administration. In all, more than 90 staff participated in interviews, SME Teams, or as oversight during a six month period to develop this Transition Plan.

The business areas reviewed included contracts, rates, budget/fiscal, and information technology management, decision support, quality assurance, provider compliance monitoring, and communications.

The project structure included an executive management Transition Steering Committee whose responsibility was to review SME Team deliverables, resolve escalated issues and approve the final functional organization chart for ADSA.

The SME Team members were assigned based on subject matter expertise and represented their respective division’s business needs. The team members had primary responsibility to analyze the business processes and develop recommendations for organizational restructuring or business process changes.

In addition, a Core Team was assembled to review recommendations from SME Teams; ensure that recommendations were consistent with the DSHS Secretary’s and ADSA Assistant Secretary’s goals for the transition; and to assist in the preparation of the Transition Plan.

# Aging and Disability Services Administration

## Transition Plan

### Transition Plan Assumptions

**1. The ADSA Strategic Plan will be addressed soon after transition occurs.**

This activity is vitally important to further integrate the organization and define the administration's new path.

**2. The merge will mostly affect headquarters staff functions with minimal impact to the field staff.**

In his September 3<sup>rd</sup>, 2002, memo to all staff, Secretary Braddock explained that changes were not planned for regional or community service staff. However, in order to fully realize the goals for statewide consistency in policy implementation, accountability, credibility and efficiencies, it is anticipated that some field level changes will occur as a result of the transition.

**3. Service delivery will not be negatively affected.**

Throughout the transition planning, the workgroups remained cognizant of maintaining the highest quality service delivery to the clients. In all cases, service should be improved as a result of the transition.

**4. The transition will be budget neutral.**

Because of the current budget crisis and other fiscal constraints, the transition must be cost neutral. There will be no additional FTEs to cover additional job functions as a result of the transition; consequently, it may be necessary for divisions to transfer FTEs to another to accommodate duties that are transferring. There also may be some need to reassign duties or reprioritize activities in order to accommodate the needs of the newly integrated organization.

**5. The plan will be reviewed for approval by the DSHS Secretary and ADSA Assistant Secretary.**

The DSHS Secretary and ADSA Assistant Secretary will approve the Transition Plan after review and refinement by ADSA staff and executive management.

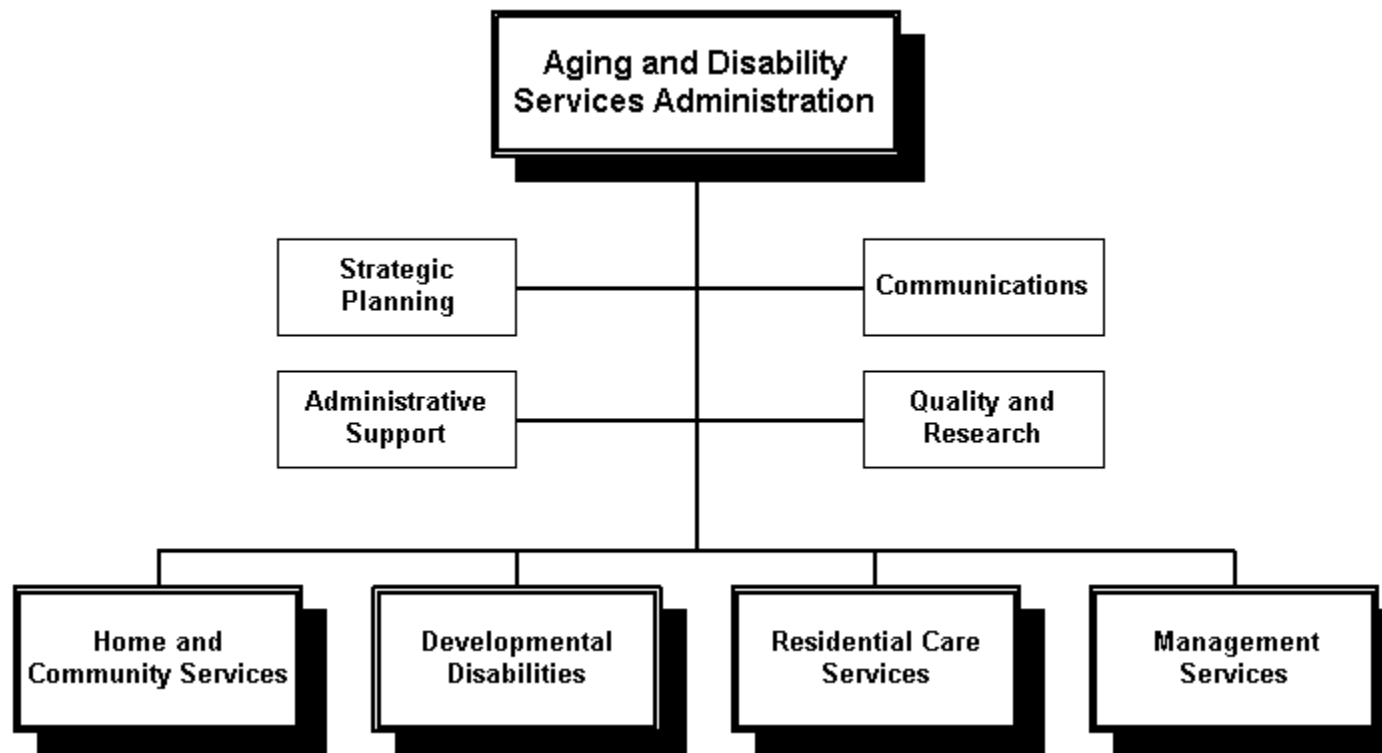
**6. There is a clear timeline for termination of transition planning and implementation activities.**

It is important to set a clear timeline for termination of transition activities. In the absence of a clear deadline to complete the transition, the transition activities may impact staff ability to perform their regular activities and will delay the organization's full integration.

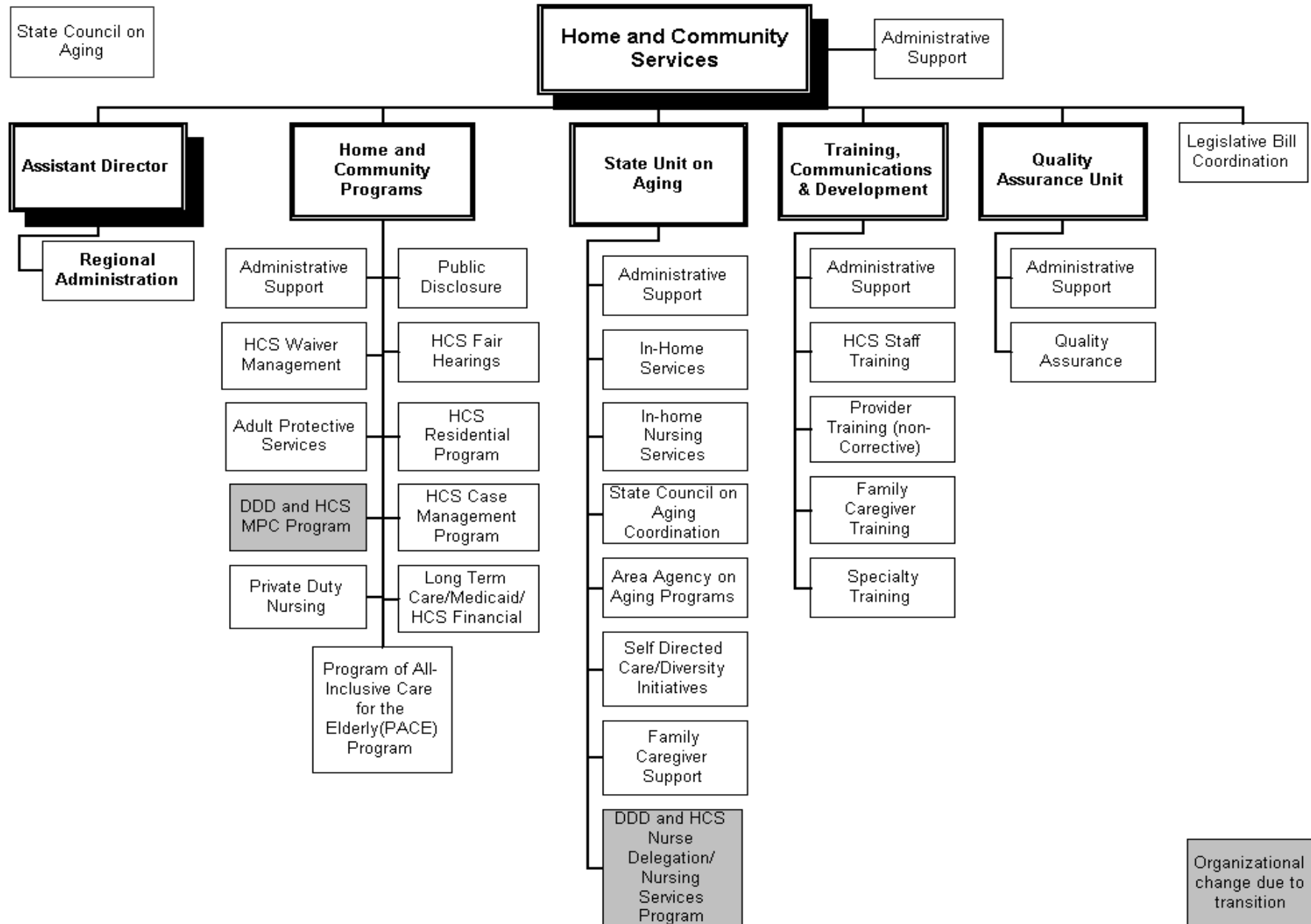
# Aging and Disability Services Administration Transition Plan

## Proposed Organization Structure

These charts represent where functions will exist in the new organization. They do not, however, represent precisely how each division will ultimately be structured since each division will likely restructure its organization to accommodate the functional changes being proposed. For instance, some units within a division may be consolidated with another unit in that division or new units may be created to manage new functions not previously managed in the division. This restructuring will occur shortly after the Transition Plan has been approved.

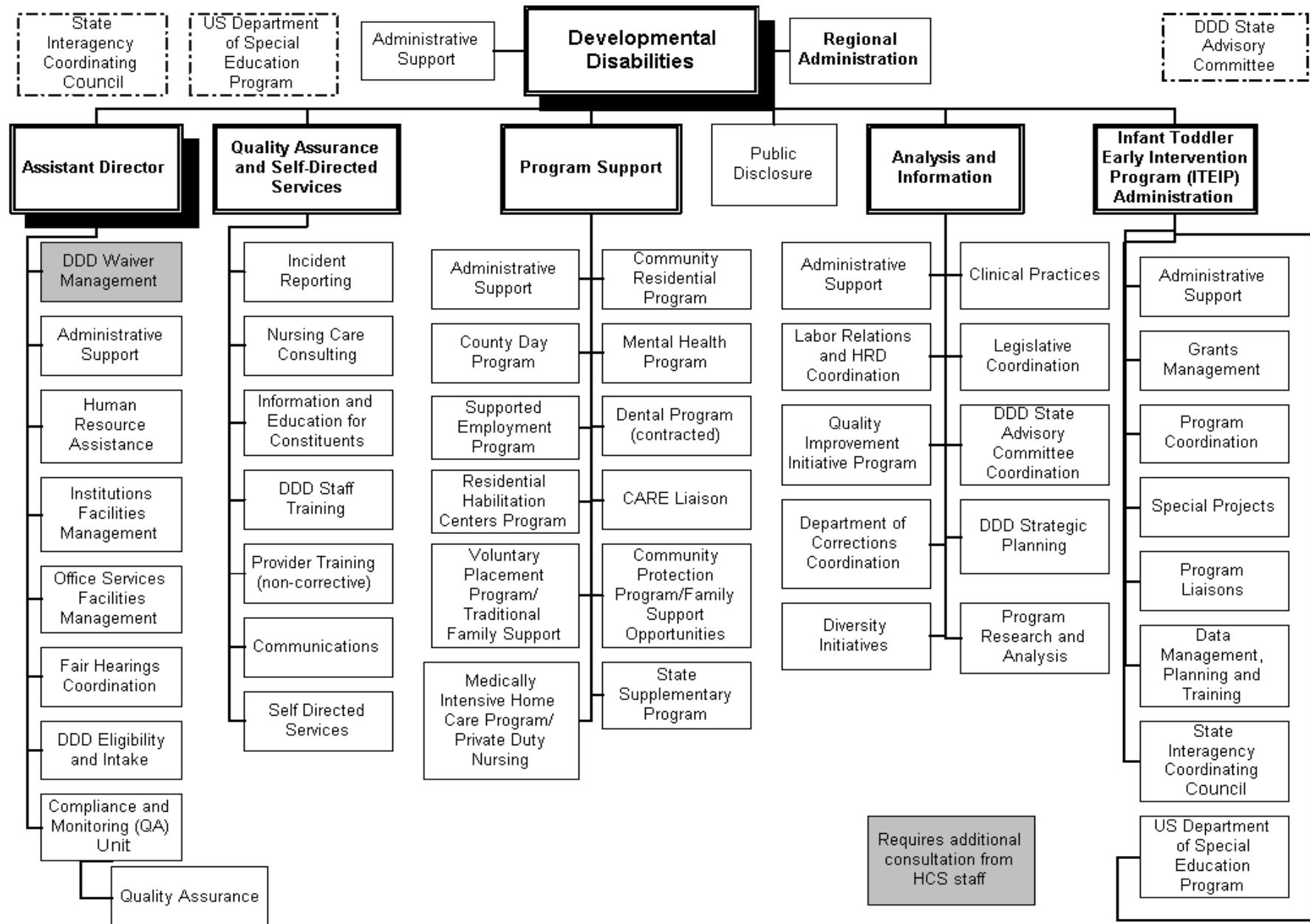


# Aging and Disability Services Administration Transition Plan



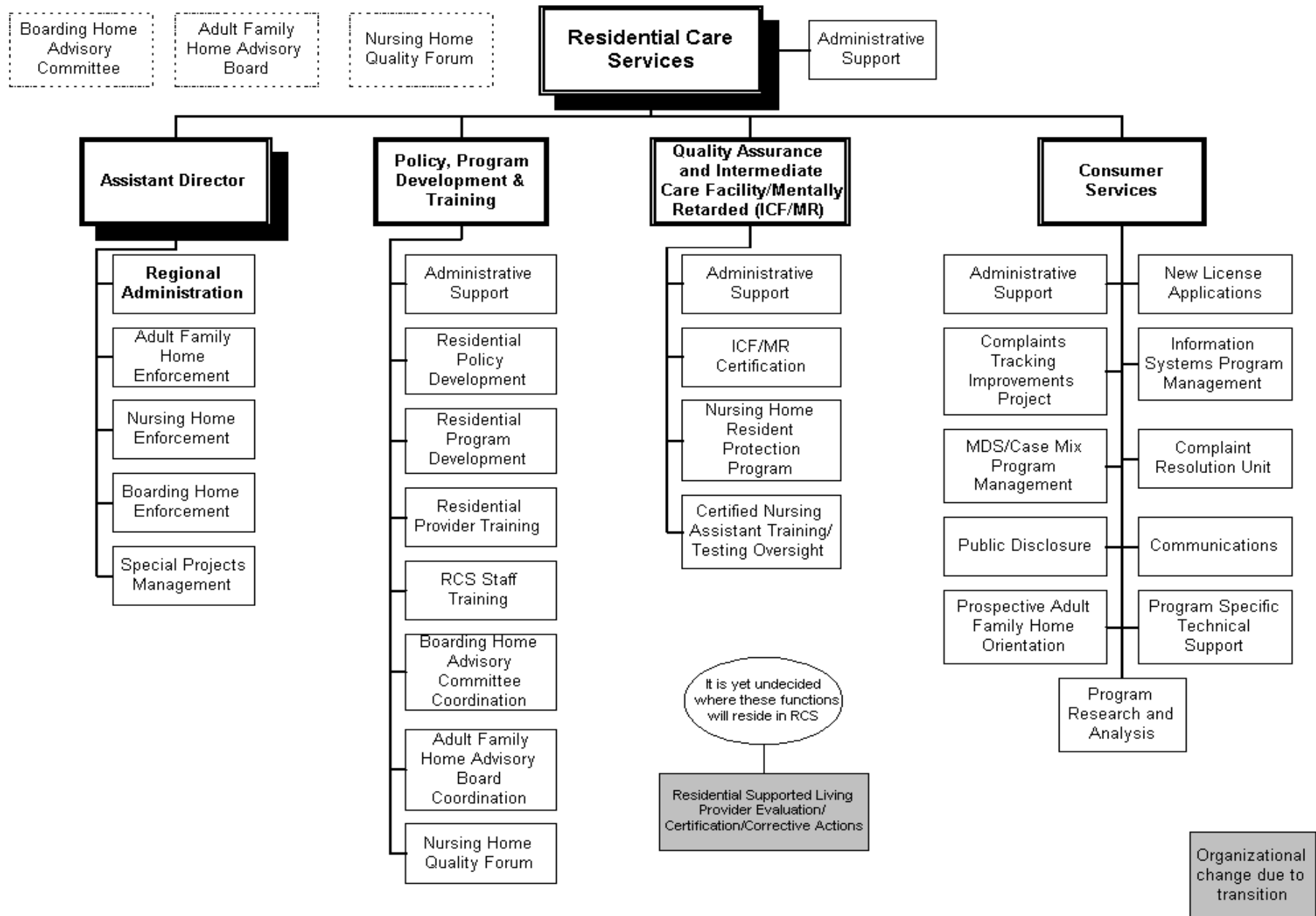
Organizational  
change due to  
transition

# Aging and Disability Services Administration Transition Plan

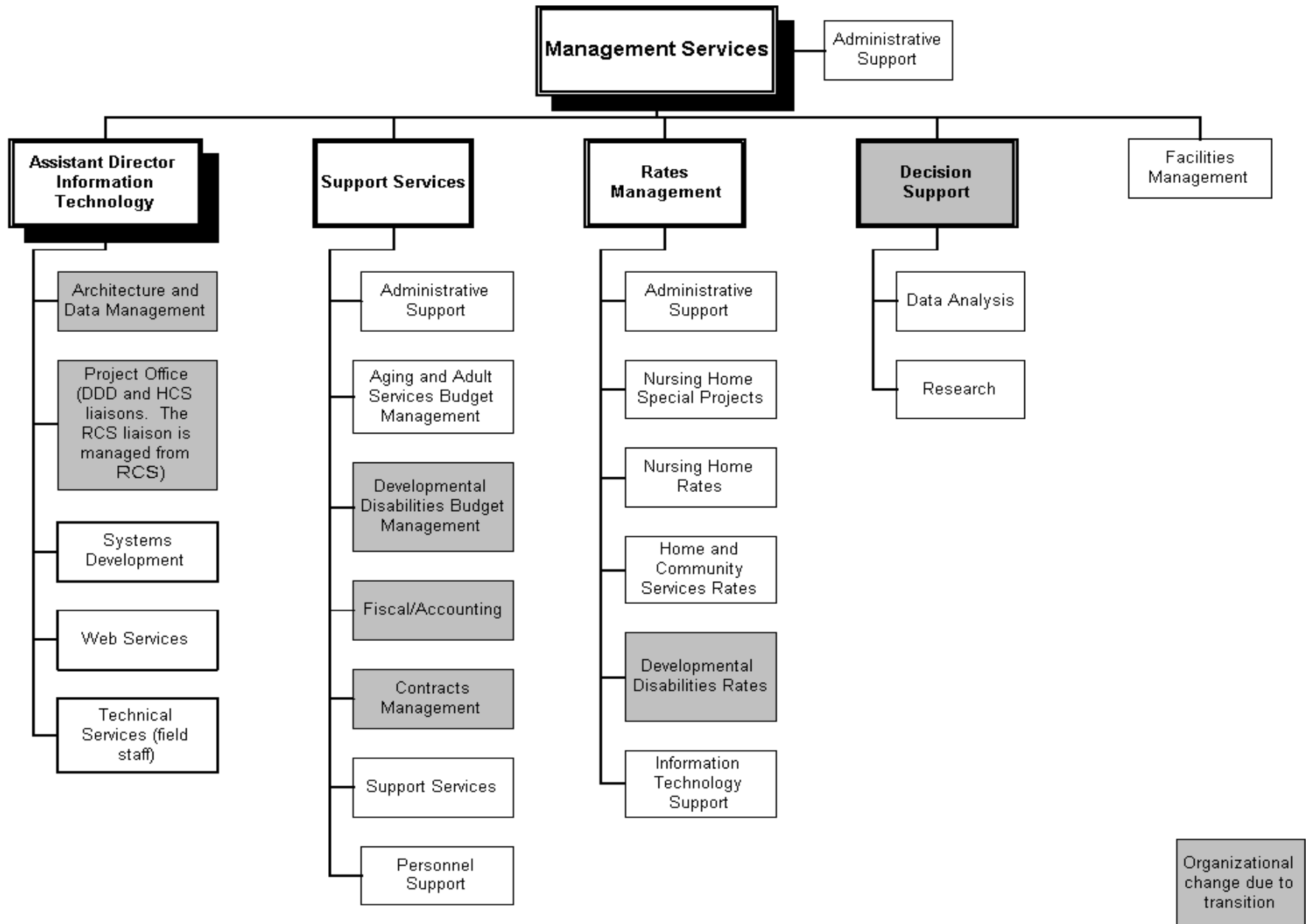




# Aging and Disability Services Administration Transition Plan



# Aging and Disability Services Administration Transition Plan



# Aging and Disability Services Administration

## Transition Plan

### Implementation Plans

#### **PRE-TRANSITION - What activities must be completed before transition can occur?**

Even though many decisions have already been made and some staff have transitioned to their new duties, there are still a few important tasks remaining that will assist management and staff transition to the new organization.

1. Identify facility options for co-location of all ADSA headquarters staff.
2. Finalize preliminary staff assignment/reassignment decisions.
3. Determine support staff requirements and reassign as necessary.
4. Develop a comprehensive communication plan.
5. Formally communicate organizational changes to staff and external stakeholders.
6. Develop and communicate a process for competition if positions are opened.
7. Identify training needs and do preliminary cross-training as necessary.
8. Work with personnel to address staff reassignment and other personnel issues.
9. Formally notify and assign staff to new positions.
10. Update the equipment inventory so technical staff can plan for transitioning any/all staff smoothly.
11. Work closely with technology staff regarding staff changes so they can schedule and prepare for transfer of computers, system access and electronic files to the new location.
12. Change building security card access for staff who will need entry to both the Olympia Office Building 2 (OB2) and the Lacey headquarters office.

# Aging and Disability Services Administration

## Transition Plan

### **TRANSITION - What activities must be completed within six months of transition plan approval?**

#### Management

The most important task facing management during this transition is to communicate the changes to staff and stakeholders. Once staff assignments are made it will be essential for the Assistant Secretary and Division Directors to communicate the changes and to reduce staff anxiety as much as possible. The message should reflect executive management acceptance of the transition plan and should set expectations for how staff must work together to make the transition successful.

The Communications Special Assistant, Christine Parke, should work with the Assistant Secretary to develop a communication plan to disseminate the Transition Plan accomplishments, staff changes, business process changes and other information as necessary. As part of the communication plan, a feedback process should be devised to collect and respond to staff input and concerns regarding the transition.

In addition, the Assistant Secretary is encouraged to bring the message personally to the regional management and staff as soon as possible after the Transition Plan is approved. These meetings will set the tone for how the administration expects staff to help make the transition successful.

The second most important task facing the new administration will be to positively embrace the changes and actively pursue ways to integrate and develop a new culture within ADSA. Both organizations bring strengths to the new administration and the challenge for management will be to harness and direct those strengths to meet the goals and expectations set out before them.

Changing the culture in any organization is no small task and should be undertaken with care, compassion and the willingness to occasionally make tough decisions. With ample management attention and dedication to reinventing the administration to encompass the strengths of both organizations, the new ADSA will continue to be an award winning administration that consistently delivers quality care to its clients.

The Executive Management Team (EMT) currently meets weekly to discuss administration-wide issues and will play a vital role in implementing the Transition Plan. The EMT will function as a decision-making body that will give direction to each of the newly formed Consortia sanctioned by the Transition Steering Committee and should endeavor to work across division boundaries, to break down barriers that might exist, and to develop a cohesive and well-integrated administration.

The following are some tasks that management should address soon to maximize the momentum developed from the transition planning process and to set the framework for moving past transition activities toward the day-to-day work of the new administration.

#### **Transition Tasks**

1. Update the ADSA Strategic Plan to reflect the needs of the new administration.
2. Complete staff reassignment and any relocation of staff.
3. Perform post transition review to assess whether transition has met the goals and adjust the transition plan as needed.
4. Identify training/education needs for staff.
5. Assign the Transition Plan implementation coordination to ADSA Special Assistant.

# **Aging and Disability Services Administration**

## **Transition Plan**

6. Actively manage the Risk Assessments included in the SME Team deliverables as well as the Risk Assessment included in the Transition Plan. Assign responsibility for risk mitigation and implement mitigation strategies as appropriate.

### **Decision Support**

The Transition Steering Committee agreed that it was important to develop a more comprehensive, coordinated and responsive decision support methodology to assist decision-makers throughout the administration make better, more informed decisions. This capability is also a key component to improve accountability and credibility with internal and external stakeholders. By improving coordination and management of data reports and non-data information the administration will improve the quality of its information while increasing the level of business (program) knowledge throughout the administration.

The Transition Steering Committee approved the formation of a Decision Support Unit within the Management Services Division (MSD) that would work closely with divisions to analyze data and information at the administration level as well as for programs and divisions. Divisions could also manage their own data analysis and research activities but would be expected to work closely with the Decision Support Unit to share information, coordinate and communicate the knowledge gained as a result of their independent analysis.

### **Transition Tasks**

1. Assign or open for competition the position of Decision Support Unit Office Chief.
2. Assign staff to the Decision Support Unit.
3. Develop a detailed work plan to define the decision support needs for the administration. This work plan should include an interim plan to prepare the administration to be able to address the 2004 legislative session needs. Coordinate this activity with each division's research staff to understand their needs and focus for decision support needs.
4. Develop and communicate expectations of the Decision Support Unit to report to the EMT on a regular schedule.
5. Address the business process changes identified by the SME Teams during transition planning.
6. Actively manage the Risk Assessments included in the SME Team deliverables as well as the Risk Assessment included in the Transition Plan. Assign responsibility for risk mitigation and implement mitigation strategies as appropriate.

### **Information Technology Management**

Increasingly, organizations are dependent on technology for every day business needs. This dependence increases the importance of developing a high-quality, flexible and robust information technology organization that can support the administrations needs today and in the future. A highly functioning Information Technology (IT) organization will work in concert with its business partners to enable staff to take full advantage of the power of technology.

The Transition Steering Committee has agreed to consolidate the IT organizations into one cohesive office. As part of the new Office of Information Technology (OIT), the Transition Steering Committee also approved creation of a Project Office that would be responsible to manage IT projects but would also serve as the source for project management training, information sharing and mentoring of non-IT project managers in other divisions within the administration.

The increasing responsibilities and complexities facing the Office of Information Technology and the accompanying costs associated with technology in general, warrant significant management attention and participation in technology related decisions. The OIT needs to have frequent access to EMT and should be responsible to present technology issues and to actively pursue an IT/Business alignment

# **Aging and Disability Services Administration**

## **Transition Plan**

strategy. At the same time, executive management should be actively involved in understanding and managing this investment.

### **Transition Tasks**

1. Determine how frequently the IT priorities should be addressed at the EMT meetings.
2. Finalize IT staff assignments.
3. Clearly and formally articulate management expectations for DDD regional IT staff. These expectations should include definition of roles, responsibilities and expectations of regional management to address statewide consistency issues identified by HQ.
4. Complete cross-training of help desk and other technical services.
5. Update the IT portfolio and present it to the EMT for review.
6. Prepare and present a proposal to the EMT on the process for prioritizing IT projects.
7. Prepare and present a proposal to the EMT on how to solicit and respond to feedback from divisions.
8. Address the business process changes identified by the SME Team during transition planning.
9. Actively manage the Risk Assessments included in the SME Team deliverables as well as the Risk Assessment included in the Transition Plan. Assign responsibility for risk mitigation and implement mitigation strategies as appropriate.

### **Rates Management**

The Transition Steering Committee approved the consolidation of Rates Management staff within MSD. The rates setting activities for the division are a crucial component to helping the administration stay in budget and manage its resources wisely.

### **Transition Tasks**

1. Reassign DDD Rates Management staff to the Office of Rates Management in MSD.
2. Address the business process changes identified by the SME Team during transition planning.
3. Redevelop the rates setting processes for Supported Living Providers.
4. Actively manage the Risk Assessments included in the SME Team deliverables as well as the Risk Assessment included in the Transition Plan. Assign responsibility for risk mitigation and implement mitigation strategies as appropriate.

### **Contracts Management**

The Transition Steering Committee approved the consolidation of Contracts Management staff within MSD.

### **Transition Tasks**

1. Reassign DDD Contracts Management staff to the Office of Support Services in MSD.
2. Address the business process changes identified by the SME Team during transition planning.
3. Actively manage the Risk Assessments included in the SME Team deliverables as well as the Risk Assessment included in the Transition Plan. Assign responsibility for risk mitigation and implement mitigation strategies as appropriate.

### **Program Policy**

The Transition Steering Committee agreed that each division would manage its unique program policy within each division. For example, programs such as the Infant Toddler Early Intervention Program (ITEIP) or the Supported Employment Program among others would remain in DDD while other programs such as Medicaid Personal Care and Nurse Delegation program policy would be managed in the Home and Community Services Division (HCS).

### **Quality Assurance (QA) for Providers**

# **Aging and Disability Services Administration**

## **Transition Plan**

The Transition Steering Committee desires to centralize management of DDD provider certifications, residential evaluator contracts, and provider compliance activities within the Residential Care Services Division (RCS).

### **Transition Tasks**

1. Fully transition the Supported Living program provider certification, residential evaluator contracts management, and corrective action plans to the RCS division.
2. Determine if there are other QA related activities (most likely regionally managed) within DDD that should be transitioned to RCS in support of residential programs.
3. Determine how to manage the incident reporting mechanisms currently in place throughout the administration (e.g., Adult Protective Services (APS), DDD Incident Reporting (IR), Complaint Resolution Unit (CRU))
4. Determine what activities of the DDD Adult Family Homes (AFHs) Quality Improvement staff should remain in DDD and which should be managed in RCS. (Currently the Quality Assurance Nurse for Nursing Homes (QAN) and the Quality Improvement Consultant for Boarding Homes (QIC) functions reside in RCS and there was some discussion in the workgroup about including the AFH Quality Improvement staff as well.)
5. Develop a plan to communicate to stakeholders the transfer of program policy and operations related to this program area.
6. Address the business process changes identified by the SME Team during transition planning.
7. Actively manage the Risk Assessments included in the SME Team deliverables as well as the Risk Assessment included in the Transition Plan. Assign responsibility for risk mitigation and implement mitigation strategies as appropriate.

### **Medicaid Personal Care (MPC) and Nurse Delegation Policy**

The decision to move all MPC and Nurse Delegation policy development and implementation to the Home and Community Services Division (HCS) requires management and staff to effectively communicate to stakeholders and other division staff to ensure policies are developed and implemented that meet the needs of the clients within the very real budget constraints facing the administration today.

Because these programs cross divisions, it may be necessary to institute a co-signing procedure for these policies so field staff from HCS and DDD are clear this is a program with joint responsibilities.

### **Transition Tasks**

1. Complete the transition of activities related to MPC and Nurse Delegation policy management to HCS.
2. Develop a process to solicit input from staff (DDD and HCS) for MPC and Nurse Delegation policy development and implementation and to ensure that decisions that could affect clients (DDD and HCS) are effectively communicated to the appropriate staff (DDD and HCS).

### **DDD Waiver Management**

Responsibility for DDD Waiver Management will remain in DDD but will have additional oversight and consultation from HCS staff with expertise in waiver development and implementation. A rigorous process to manage development and implementation of waivers will be necessary and should be developed as soon as possible. In addition, the waiver management staff will report regularly to the Assistant Secretary for decision-making and other important waiver activities.

# **Aging and Disability Services Administration**

## **Transition Plan**

### **Transition Tasks**

1. Formally communicate the Assistant Secretary's expectations for DDD waiver management decisions.
2. Develop a rigorous process to manage the development and implementation of the DDD waivers.

### **Client Transfers**

Clients who are receiving case management and services from one ADSA division should not be negatively impacted when the need to transfer the case to another division arises. Facilitating a smooth transition for these clients will require additional process refinement and management attention to ensure steps are implemented to make the transfer seamless and to minimize liability to the administration due to fair hearings.

### **Transition Tasks**

1. Develop or refine processes to smoothly transition clients from one ADSA division to another.

### **Quality Assurance (QA) of ADSA Staff**

There are no organizational changes approved for this business process; however, there are some additional requirements and management expectations as a result of the transition planning activities. The Transition Steering Committee approved the formation of a QA Consortium, which will include Office Chiefs or lead workers from HCS, DDD, and RCS as well as the Decision Support Unit Office Chief. This group is charged with meeting regularly to share quality assurance best practices, work on special projects and collaborate as needed to improve quality assurance activities in ADSA. They will report quarterly to the EMT, which will review work products and give assignments as needed.

The EMT will assign a lead person, who will rotate responsibilities after six months and will be responsible for leading the consortium to develop QA processes for the administration.

### **Transition Tasks**

1. Formalize the creation of this group with a memo outlining the staff assignments, expectations, and executive management reporting requirements.
2. Formally assign person to lead the QA Consortium for the initial six months.
3. Develop a comprehensive plan for QA Consortium activities.
4. Report to EMT quarterly on progress, issues, and initiatives and obtain feedback and direction as needed.
5. Address the business process changes identified by the SME Team during transition planning.
6. Actively manage the Risk Assessments included in the SME Team deliverables as well as the Risk Assessment included in the Transition Plan. Assign responsibility for risk mitigation and implement mitigation strategies as appropriate.

### **Quality Assurance of Providers (Provider Compliance)**

This business area review is not yet complete and will require additional analysis to determine which activities from DDD will be transitioned and which business processes should be modified.

However, there are some decisions that have been made regarding provider quality assurance. For instance, DDD Residential Provider Certification and Corrective Action monitoring will be managed from RCS.



# **Aging and Disability Services Administration Transition Plan**

## **Transition Tasks**

1. Convene a “Leadership Summit” of appropriate staff from HCS, DDD, and RCS to educate each others about their respective programs to assist in understanding what activities should transition.
2. Identify the inventory of effort already under way in the administration related to complaints, incidents, vulnerable client protection and provider QA.
  - a. Determine if the previously assigned “Entity Workgroup” should continue and is an appropriate direction for the administration to be taking given the reorganization.
  - b. Determine how to handle investigations when it is unclear whether the provider is responsible or whether there was an external perpetrator.
  - c. This workgroup should include DDD (Incident Reporting and program staff), HCS (APS and program staff), and RCS (CRU and program staff).
3. Identify tasks that need to transition.
4. Develop a timeline for transitioning the tasks.

## **Communications**

There are no organizational changes approved for this business process; however, there are some additional requirements and management expectations as a result of the transition planning activities. The Transition Steering Committee approved the formation of a Communications Consortium. This Consortium will 1) commence a short-term project to develop communication tools for ADSA-wide usage and 2) continue as an ongoing workgroup that will develop a comprehensive communication plan for ADSA and work to improve communication throughout the administration. The division will need to formally assign staff to participate on the communications project and the ongoing group but there may be occasions where additional staff with specific expertise should be included in the workgroup as needed.

The Assistant Secretary should formalize the creation of the project and the ongoing workgroup with a memo outlining staff assignments, management expectations and reporting requirements. The Communications Special Assistant will lead the Communications Consortium and will have authority to assign tasks to staff as needed.

## **Transition Tasks**

1. Formalize the creation of this group with a memo outlining the staff assignments, expectations, and executive management reporting requirements.
2. Formally assign person to lead the Communication Consortium including authority to assign tasks as needed.
3. Develop a project plan to define and develop communication tools for ADSA.
4. Manage and implement the project and its deliverables.
5. Commence the ongoing Communications workgroup; prepare and present the workgroup’s plan to the EMT.
6. Report to EMT quarterly on progress, issues, and initiatives and obtain feedback.
7. Work closely with training units to develop communication training programs.
8. Address the business process changes identified by the SME Team during transition planning.
9. Actively manage the Risk Assessments included in the SME Team deliverables as well as the Risk Assessment included in the Transition Plan. Assign responsibility for risk mitigation and implement mitigation strategies as appropriate.

# **Aging and Disability Services Administration**

## **Transition Plan**

### **Training Inventory**

At the direction of the Transition Steering Committee, a workgroup of staff across the administration who have training responsibilities was assigned the task to develop a training inventory and to identify training activities that could be shared, consolidated or eliminated.

A preliminary Training Inventory was developed but in order for it to be comprehensive and useful there needs to be a structured approach and comprehensive plan for completing and managing the inventory.

The Transition Steering Committee approved the formation of a Training Inventory Consortium. This Consortium will be responsible for preparing a plan for developing and maintaining the Training Inventory and understanding training courses offered throughout the state.

### **Transition Tasks**

1. Formalize the creation of this group with a memo outlining the staff assignments, expectations, and executive management reporting requirements.
2. Formally assign person to lead the Training Inventory Consortium for the initial six months.
3. Develop and obtain approval from EMT on how to keep the Training Inventory database current and accessible to staff.
4. Meet regularly to discuss and analyze training curricula to understand which training is redundant and can be consolidated or shared across divisions.
5. Produce a comprehensive inventory of training opportunities for staff and providers.
6. Report back to the EMT about progress, issues, and opportunities to share, consolidate, or eliminate redundant training courses.
7. Work closely with appropriate technical staff to make the Training Inventory available via the most appropriate medium, such as the ADSA Intranet website.

# Aging and Disability Services Administration Transition Plan

## NEAR-TERM OBLIGATIONS

SME Teams were asked to identify significant activities/events/commitments facing the administration after June 30, 2003. The items listed below are not reflective of all obligations facing the administration in the near-term nor are they a result of the transition specifically.

### Management

1. Implement the DDD Waivers.
2. Continue to manage the budget closely to eliminate over expenditures in the 2003/2005 budget.
3. Begin activities related to the downsizing of the Fircrest Residential Habilitation Center.
4. Continue to implement the DDD Comprehensive Work Plan activities.
5. Participate in the RBS pilot.
6. Respond to Joint Legislative Audit Review Committee (JLARC) by 09/30/2003 on the client assessments plan for DDD.
7. Respond to JLARC by 09/30/2003 on the future of RHCs.
8. Respond to JLARC by 12/31/2003 on case management system recommendation.
9. Complete the roll-out of the automated assessment tool (CARE) statewide by 02/7/2004.
10. DDD must develop a process to prioritize client services/eligibility.
11. Participate in the Washington Medicaid Integration Project (WMIP).

### Information Technology

1. By 12/31/2003, the Health Insurance Portability and Accountability Act (HIPAA) security rules must be added to all ADSA information systems.
2. By 12/31/2003, ADSA must implement Microsoft's *Active Directory* file management system (DDD has already completed).
3. By 12/31/2003, a management reporting system must be developed for CARE.
4. By 12/31/2003, the QA monitoring system development must be completed.
5. By 02/7/2004, the CARE system roll-out should be completed statewide.
6. The Infant Toddler Early Intervention Program (ITEIP) is seeking grants to fund a financial component to the existing ITEIP information system that, if approved, would require IT staff assignment to design, develop and implement.
7. By 06/30/2004, 1/3 of DDD equipment and 1/2 of all other divisions' equipment is scheduled for replacement.
8. The agency budget development process will require IT staff time to address HIPAA, enterprise licensing and other budget related issues.

### Rates

1. Complete the DDD Time Study to determine the new rates structure for Supportive Living Providers.
2. Monitor and adjust pilot implementation of the new Home and Community rates structure.

# Aging and Disability Services Administration

## Transition Plan

### Contracts Management

1. Depending on budget approval timeline:
  - a. County contracts will need to be “bridged” because there may not be enough time to re-issue them in this biennium. It is likely these contracts can be completed by August or September.
  - b. Residential provider contracts may need to be “bridged” which will require coordination with regions and program managers.
2. Implement the DSHS (#1311) contracts monitoring policy.
3. CASIS project implementation. This project will connect the DSHS Contracts system (ACD) with DDD’s case management system (CASIS). This connection will ensure there is a signed contract in place before payment can be made to a provider.

### Program Policy

1. Implement the new DDD waivers and the management processes to support them.
2. Implement new/revised procedures to transfer clients from DDD to HCS and vice versa.
3. Work with the Contracts Management to develop consistent Nurse Delegation and Nursing Service contracts.
4. Manage the MPC eligibility cut passed by the Legislature.
5. Manage the COPES restriction in rate of growth passed by the Legislature.

# Aging and Disability Services Administration Transition Plan

## Business Risks/Issues/Mitigation Strategies

This section would address any business risks or issues raised during the SME Team work sessions, Core Team or Steering Committee reviews that could negatively impact the success of the transition. Mitigation strategies are included for risk exposure greater than 6.

<u>Probability</u>	1 - unlikely to happen 2 - may happen 3 - likely to happen	<u>Impact * Probability</u> = Risk Exposure	
<u>Impact</u>	1 - minimal disruption to project progress 2 - moderate disruption to project progress, schedule implications 3 - extended disruption to project progress, cost implications	A risk exposure of 6 (highlighted in yellow) is considered <b>important</b> and should be actively addressed.	A risk exposure of 9 (highlighted in red) is considered to be <b>critical</b> importance and managed accordingly.

**Risk Types:** PR-Political, HR-Human Resource, TC-Technical, CO-Communication, CL-Cultural, PG-Program, OT-Other

Risk #	Risk	Type	Business Area	Impact	Probability	Mitigation Strategy
1	Some field IT staff are covered by collective bargaining agreements so if they are transitioned to HQ this will require interaction with unions.	HR	Management	3	3	a. Work with the regions and union staff to HQ management.
2	Some regional staff roles and responsibilities will change.	HR	QA Provider	3	3	a. Involve regional staff in the transition. b. Clearly communicate to staff. c. Involve the union early.
3	There are not enough FTEs to support a clear split of functions from RCS and DDD.	HR	QA Provider	3	3	a. Reassign FTEs from within if necessary. b. Evaluate to see if the functions require whether or not there needs to be a split.
4	Training and cross-training is not funded or offered to all IT staff.	OT	IT	3	3	a. Prepare a training plan and budget.
5	Unable to produce a quality rates product if Rates Management staff are not located near program/budget/fiscal staffs.	OT	Rates	3	3	a. Allow ADSA Rates staff to reassign to program/fiscal/budget staffs. b. Find office space large enough for their respective program/fiscal staffs.
6	If regional management of IT remains this will encourage the current philosophical difference which would not support the statewide standardization of services and resources.	CL	IT	3	3	a. Develop a strong communication plan and meet regularly with the field. The gathering of input from/to the superintendents.
7	Non-centralized (i.e., regional) management of IT resources will restrict the ability to find efficiencies and apply statewide policies and procedures across divisions.	PG	IT	3	3	a. Centralize the IT staff at HQ. b. If centralization isn't chosen, develop procedures addressing statewide procedures addressing statewide managed or not, regionally managed or not.
8	Tool sets and expertise in the tools are different for both divisions. (.Net vs. Open Systems)	PG	IT	2.5	3	a. Create an architectural structure. b. Develop a strategic direction.
9	Confusion may exist due to internal processes being different within each division.	CO	Management	2	3	a. Management should define lines of authority. b. Work to eliminate major decision points.

## Aging and Disability Services Administration Transition Plan

Risk #	Risk	Type	Business Area	Impact	Prob-ability	Mitigation Strategy
10	Lines of authority could be unclear if Rates Management staff are functionally organized together under one "office" but are not co-located.	CO	Rates	2	3	a. Hold regular Rates Management meetings to discuss staff interests and facilitate discussion. b. Require regular reports from Rates Management activities and decisions. c. Management should define clear lines of authority.
11	Staff morale may be adversely impacted by the transition.	HR	Management	2	3	a. Include staff in the transition planning process to project's progress.
12	There are insufficient resources available to fully fund a new Core Team dedicated to formalizing Decision Support in ADSA	HR	Decision Support	2	3	a. Request from each division to fund a Decision Support Core Team. b. Develop a plan for Decision Support activities considering the lack of resources.
13	There isn't enough staff available to assign to the communications project or ongoing workgroup.	HR	Management	2	3	a. Reassign staff functions to a project and ongoing workgroup.
14	If physical co-location of IT staff is desirable, space will have to be appropriated.	OT	IT	2	3	a. Phase in the co-location of IT staff. b. Find a location that is large enough to accommodate all regions or at HQ, as appropriate.
15	Legacy data systems will remain which add complexity to the organization (disparate web, file, and print servers exist across divisions; various federal systems, etc.).	PG	IT	2	3	a. Be sure to consider these in the transition plan. b. Develop and use thorough transition plan. c. Work closely with staff who maintain legacy systems to ensure no break in service (e.g., ensure an extranet connection)
16	There is a lack of resources – FTEs, equipment, software, and budget.	PG	IT	2	3	a. Clearly identify required resources. b. Phase in the transition so that resources are available. c. Plan to reallocate equipment or replacing with new equipment.
17	Inadequate funding of Decision Support could cause ADSA to be unable to fully and adequately respond to stakeholder requests for information.	PR	Decision Support	2	3	a. Proactively manage stakeholder expectations.
18	Perception that DD is all "client" oriented and Aging is all "money" oriented.	CO	Management	1	3	a. Communicate with staff via email and meetings. b. Assist staff to learn about each other's roles and facilitate better understanding.
19	Participation in the transition and ongoing activities is additional workload on staff and could negatively impact rates setting activities.	OT	Rates	1	3	a. Co-locate Rates Management staff to facilitate coordinating and communicating. b. Transition the organization's rates setting activities within their current workload.
20	Providers will need to become used to different entities.	PR	QA Provider	1	3	
21	Archival of records from the web is difficult or impossible.	PG	Communication s	1	3	
22	Maintaining two intranet sites does not promote the appearance that ADSA is one administration.	PG	Communication s	1	3	
23	There is not a cohesive look and feel to the internet websites.	PG	Communication s	1	3	
24	Expectation may be created that field staff coordination problems are all fixed now.	PR	Management	1	3	a. Communicate with stakeholders. b. Maintain focus on field staff coordination.
25	Communication about the change in provider certification, evaluations and corrective action plans isn't effective or timely.	CO	QA Providers	3	2	a. Formally announce staff changes. b. Post the information on the intranet. c. Share the information at the meetings.
26	Maintaining communication with other DDD staff regarding providers will be disrupted or at least challenging.	CO	QA Providers	3	2	a. Regularly meet with DDD staff. b. Attend other units' staff meetings.

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Risk #	Risk	Type	Business Area	Impact	Prob-ability	Mitigation Strategy
						c. Continue to use the regional communication.
27	There are multiple DDD functions that will be left unassigned once DDD contracts moves to MSD. (i.e., Technical Assistance/Personal Service Contracts program management (RFQ responses due mid July); Investigation of Nurse Delegation Complaints; DSHS SEAC assigned by Linda Rolfe or Dennis Braddock).	HR	Management	3	2	a. Reassign staff to take on the b. Re-prioritize functions to determine what is necessary.
28	DDD expertise related to standards and rules governing DDD clients and services aren't transferred to RCS. (ex. Rules governing community protection or dual diagnosis clients.)	PG	QA Provider	3	2	a. Recruit or reassign staff with b. Develop a training plan that includes protection and positive behavior c. Develop a transition plan that includes and RCS staff.
29	If the ADSA Data Administrator/Data Architect function is not developed it will inhibit how ADSA resolves data integrity/data redundancy and system integration issues across the administration.	PG	IT	3	2	a. Assign or reassign existing staff
30	The Residential Evaluator contracts management doesn't transition well. (This includes corrective actions, evaluator tracking tool, provider contracts, etc.)	PG	QA Providers	3	2	a. Continue to have Rita Dickerson until there is adequate cross training safely done.
31	There is not adequate focus from executive management that promotes and encourages cultural changes.	CL	Management	3	2	
32	ADSA may not have the resources to deliver on stakeholder expectations if a formalized Decision Support unit is not formed.	PR	Decision Support	2	2	a. Proactively manage stakeholder expectations
33	There is no office space large enough to co-locate all Rates Management staff which requires co-locating their respective program/budget/fiscal staffs.	OT	Rates	1	2	a. Work with facilities staff or other to house all Rates Management program/fiscal/budget staffs b. Allow ADSA Rates Management respective program/fiscal/budget Rates Management staff.
34	Total integration isn't successful and the cultures don't merge.	CL	Management	3	1.5	a. Maintain an open and inviting environment encouraged to excel. b. Regularly gather feedback from staff c. Continuously share information and opportunities, and any other
35	Communications channels could be broken or inadequate between DDD and RCS. (Roles and responsibilities of Resource Managers, QA Managers and others may be changed requiring different communications protocols).	CO	QA Provider	3	1	
36	The transition may disrupt how DDD Rates staff interact with other units and regional staff.	CO	Rates	3	1	a. Establish processes for communication program, regions, fiscal and
37	Key personnel leave or are moved who have important knowledge and expertise.	HR	Management	3	1	a. Identify required competencies personnel can be identified to retain them.
38	DSHS RBS Project may be making changes concurrently or at cross-purposes to what ADSA is doing in its transition.	OT	Management	3	1	
39	Not enough time will be taken for the transition process.	OT	Management	3	1	a. Communicate time constraints

## Aging and Disability Services Administration Transition Plan

Risk #	Risk	Type	Business Area	Impact	Prob-ability	Mitigation Strategy
40	There is not enough support staff resource to support Rates Management.	HR	Rates	2	1	a. Work with existing support staff division's Rates Management b. Clearly articulate the need for other activities.
41	How will caseload and salary parity be addressed?	HR	Management	1	1	
42	There isn't a clear consensus about ADSA mission/direction (e.g., provide the most clients with as many services as possible, provide all available services to some clients)	CL	Management			a. Update the Administration's mission b. Clearly define ADSA's mission c. Communicate the mission to all
43	There is a lack of knowledge about each other's programs.	CO	Management			
44	There is no clear way to resolve disagreements between organizations.	CO	Management			a. Have a formalized process to b. Clearly define the roles and division. c. Define an escalation path to d. Clearly communicate the de